

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

The C/OH instruction GUIDE explains how to complete this form.

**1 ACCOUNT#**  
(Ethics Commission file)**2 Total pages filed:****3 CANDIDATE /  
OFFICEHOLDER  
NAME**TITLE FIRST MI  
Mrs. Marilyn J  
NICKNAME LAST SUFFIX  
Mischen**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS**ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
32 Half Moon Dr.  
El Paso TX 79915☐ Change of Address**5 CAMPAIGN  
TREASURER  
NAME**TITLE FIRST MI  
Luis A  
NICKNAME LAST SUFFIX  
'Poncho' Liano**6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)**STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
11400 Beachfront El Paso, TX 79915**7 CAMPAIGN  
TREASURER  
PHONE**AREA CODE PHONE NUMBER EXTENSION  
915 598-8677**8 REPORT TYPE**☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 6th day before election ☐ Exceeded \$600 limit ☒ Final report (Attach C/OH - FR)**9 PERIOD  
COVERED**Month Day Year Month Day Year  
04 / 24 / 03 THROUGH 0 / 1 /**10 ELECTION**ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special  
05 / 03 / 03**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE BOUGHT (if known)**

City Representative District #3

**13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Marilyn J. Mischen

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 190.<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 39.<sup>65</sup>

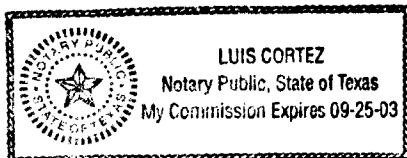
4. TOTAL POLITICAL EXPENDITURES

\$ 1320.<sup>60</sup>OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1197.<sup>47</sup>

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Marilyn J. Mischen*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilyn J. Mischen, this the 15<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Uses)

4 Date

5 Payee name

6 Amount  
(\$)

6 Payee address;

City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The instruction Guide explains how to complete this form.

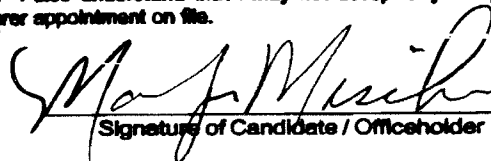
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

Marilyn J. Mischen

**2 ACCOUNT #** (Ethics Commission Use)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are a candidate --

**A. CAMPAIGN FUNDS**

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder